



PEPFAR

U.S. President's Emergency Plan for AIDS Relief

Prevention

PEPFAR Mozambique | March 10, 2022

19 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

Voluntary Male Medical Circumcision

Presenters:

Marcos Canda, CDC

Backups:

Antonio Langa – DoD

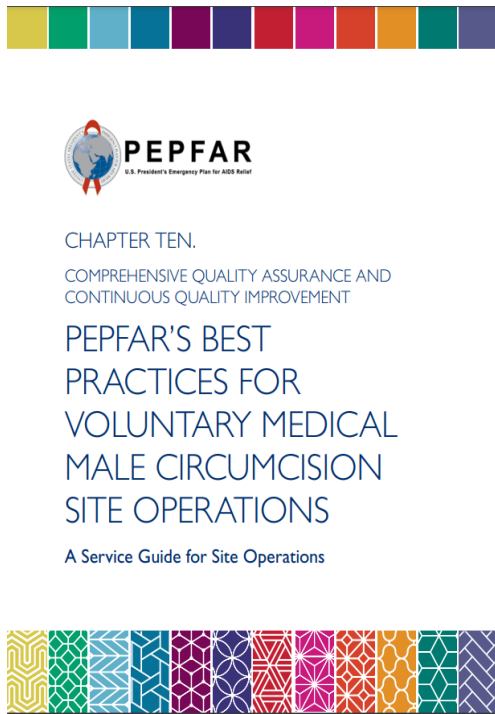
Inacio Malimane - CDC

COP22 Targets Push to Achieve and Maintain >80% MC Coverage

	Coverage among 15-29 end of FY22	# VMMC needed in FY23 to reach 80% across all districts	Proposed targets for FY23	Coverage among 15-29 end of FY23
National	85%	468,345	202,948	91%
Cabo Delgado	92%	3,329		92%
Gaza	87%	19,786	13,900	96%
Inhambane	85%	10,027		85%
Manica	83%	60,411	39,000	94%
Cidade de Maputo	86%	25,134	4,000	88%
Maputo Provincia	78%	23,618	10,500	88%
Nampula	92%	-		92%
Niassa	91%	3,162		91%
Sofala	76%	51,287	24,250	87%
Tete	48%	220,172	40,600	57%
Zambíezia	98%	51,418	35,250	100%
Military			35,448	

- MC coverage high across most provinces
- High targeted provincial-level coverage masks remaining district-level need
- Tete has lowest VMMC coverage and lowest HIV incidence
- COP22 targets fill 43% of remaining need to achieve and maintain MC saturation across all districts
- Targeting process considers:
 - Unmet need for MC
 - HIV incidence among 15-29 y/o males
 - Recent program performance
- Need to cross check coverages with PHIA results when are available

Safety & Quality Remains the Foundation of VMMC Program in Mozambique



- Safety and quality of the VMMC program are assured by both external and internal processes
 - External Quality Assurance (EQA)
 - Continuous Quality Improvement (CQI)
 - SIMS
- Assessments are performed by joint teams:
 - EQA: USG, MoH Central, DPS and IPs
 - CQI by USG, IPs and DPS
 - DPS and IPs provide TA as needed
- These QA/QI activities are guided by PEPFAR and MoH protocols and processes
- As a result, VMMC program has reported less than 1% AE of all procedures, and no NAE during Q1 FY22

Demand Creation Increasingly Important to Reach and Maintain Saturation



Human-Centered Design (HCD)

- Tailor approaches to individual barriers

Community mobilization

- Critical as program approaches saturation

Offer of free transport

- In certain places up to 35% of clients benefiting from free transportation

Use of non-coercive incentives

- Vouchers for lost wages attractive to target population

Use of community radios

- Radio-talks represent highly effective approach to reach communities

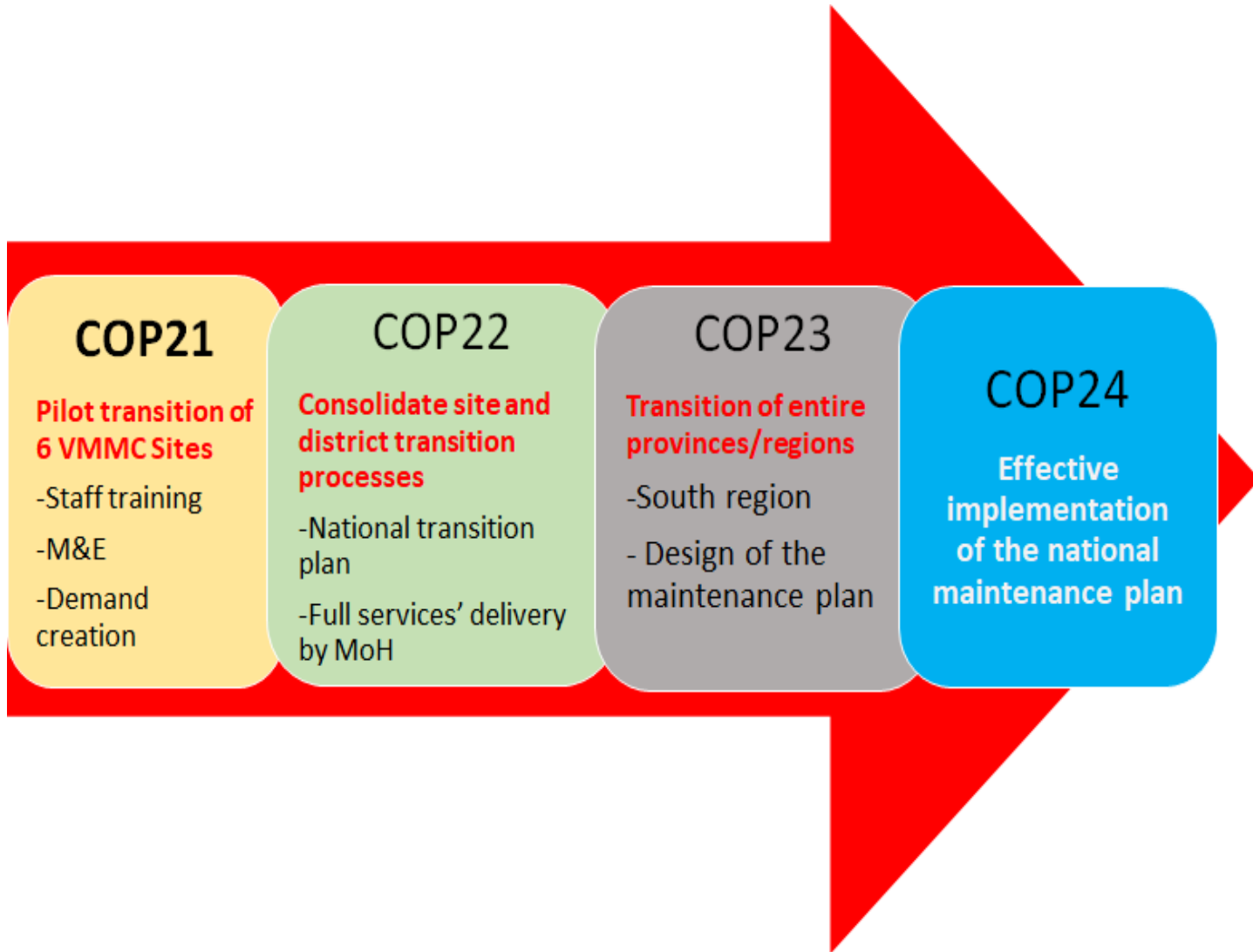
Use of VMMC App (for staff and clients)

- Currently under test; should be available for use in FY22 Q3

Way Forward For VMMC in COP 22

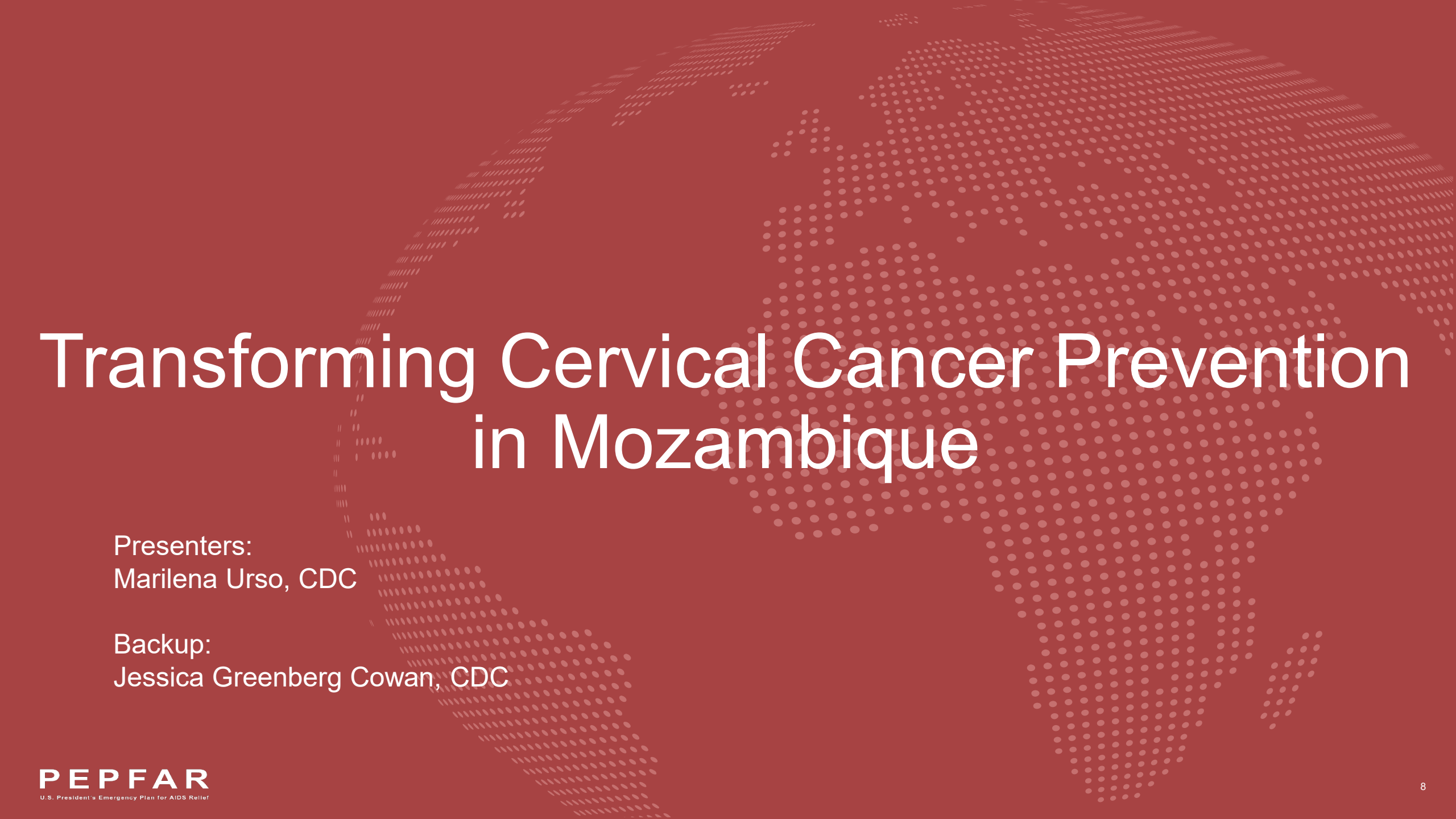
- Expansion of VMMC services to reach and maintain 80% saturation in most districts
- Transition 6 VMMC saturated sites to MoH
- When available, PHIA results will
 - Confirm circumcision coverage by province and age band in FY21 (both MC and traditional)
 - Provide insight into whether traditional circumcisions are sufficiently complete to effectively prevent HIV
 - Inform future (COP 23) decisions to transition areas of confirmed saturation to MoH for maintenance, and possible offer of VMMC in Inhambane, Nampula, Niassa and/or CD
- Shang-Ring pilot will start in FY22 (ToT for the study has already been finalized)
- VMMC Data System Harmonization process started in COP 21 and will be finalized in COP 22:
 - Centralized platform under joint management by MoH/PEPFAR

Projecting VMMC Transition and Maintenance Plan, COP22 - COP24



Key Points on VMMC Transition and Maintenance Plan, COP2021 - 2024

- Pilot portfolio transition from PEPFAR to GRM
 - Stated in Q1FY22, in 6 sites
 - MoH received PEPFAR targets
 - VMMC providers already trained
- Consolidation and further transition of VMMC services' transition
 - MoH determined to cover for more VMMC sites in COP23 if funds allow
- Transition of entire provinces or regions based on saturation rates
 - Phased transition will allow for smooth services' delivery
- Designing of a maintenance plan based on pilot transition experience
 - Joint plan PEPFAR and the GRM
- Effective use of the maintenance plan
 - Should be in COP24
 - Possible mixed models: GRH and IPs



Transforming Cervical Cancer Prevention in Mozambique

Presenters:
Marilena Urso, CDC

Backup:
Jessica Greenberg Cowan, CDC

Cervical Cancer Prevention Program Updates

COP 21 STATUS UPDATE

Strong CECAP Program Growth

- Consistent growth of cervical cancer prevention program
- Screening and treatment access improvements; robust target achievement

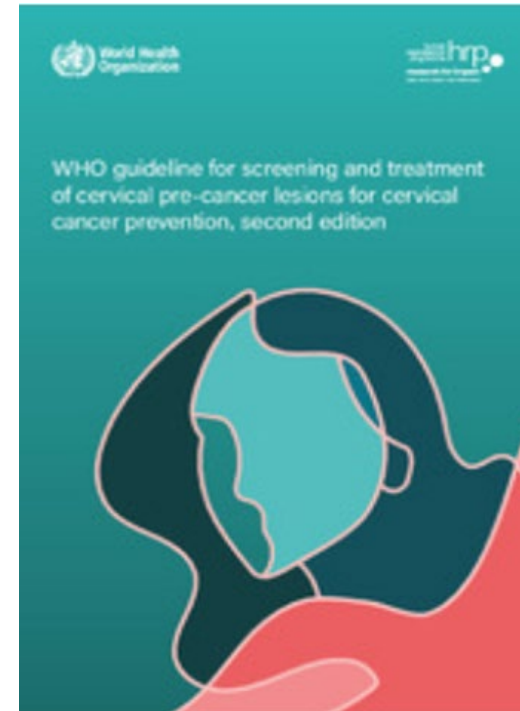
Challenges

- Referrals, screening quality, and equipment maintenance

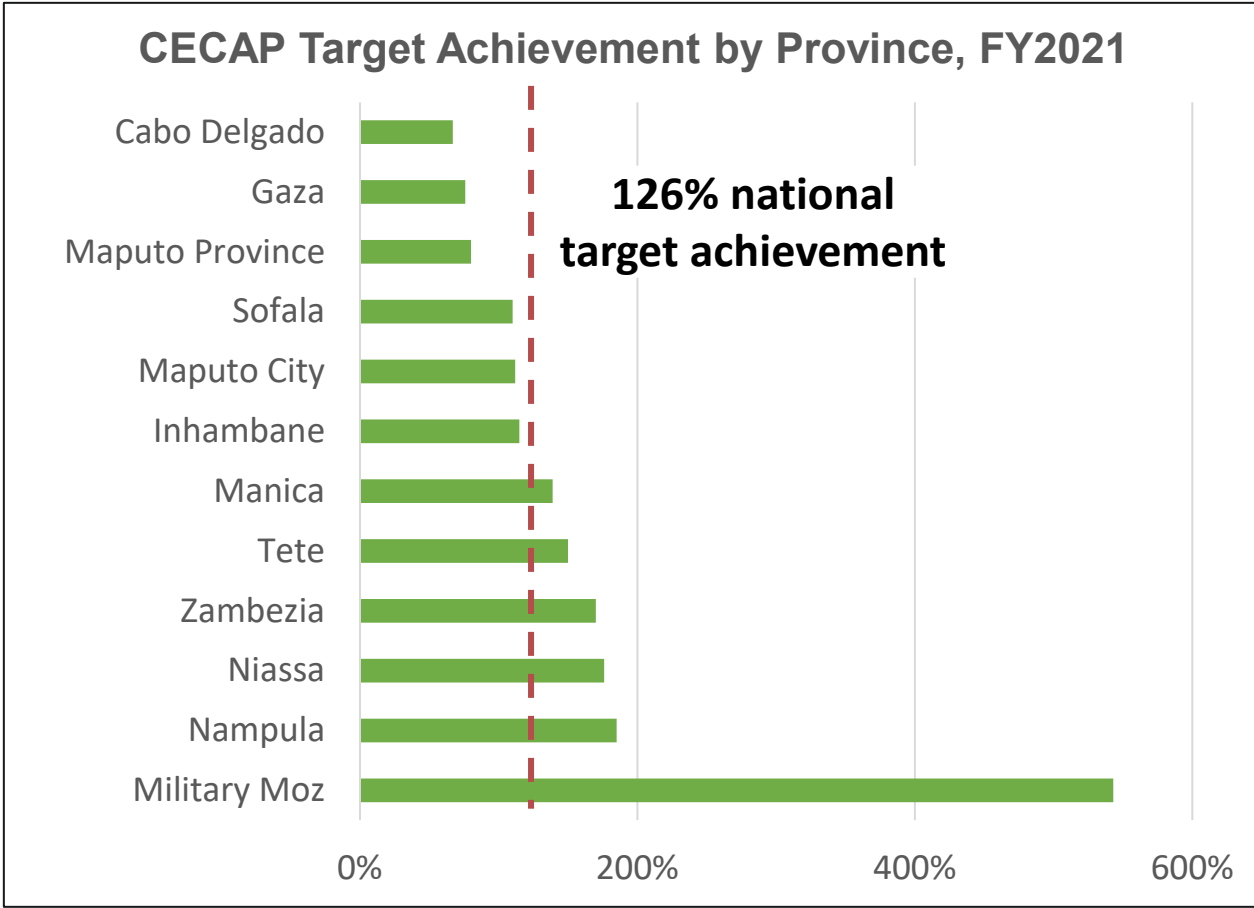
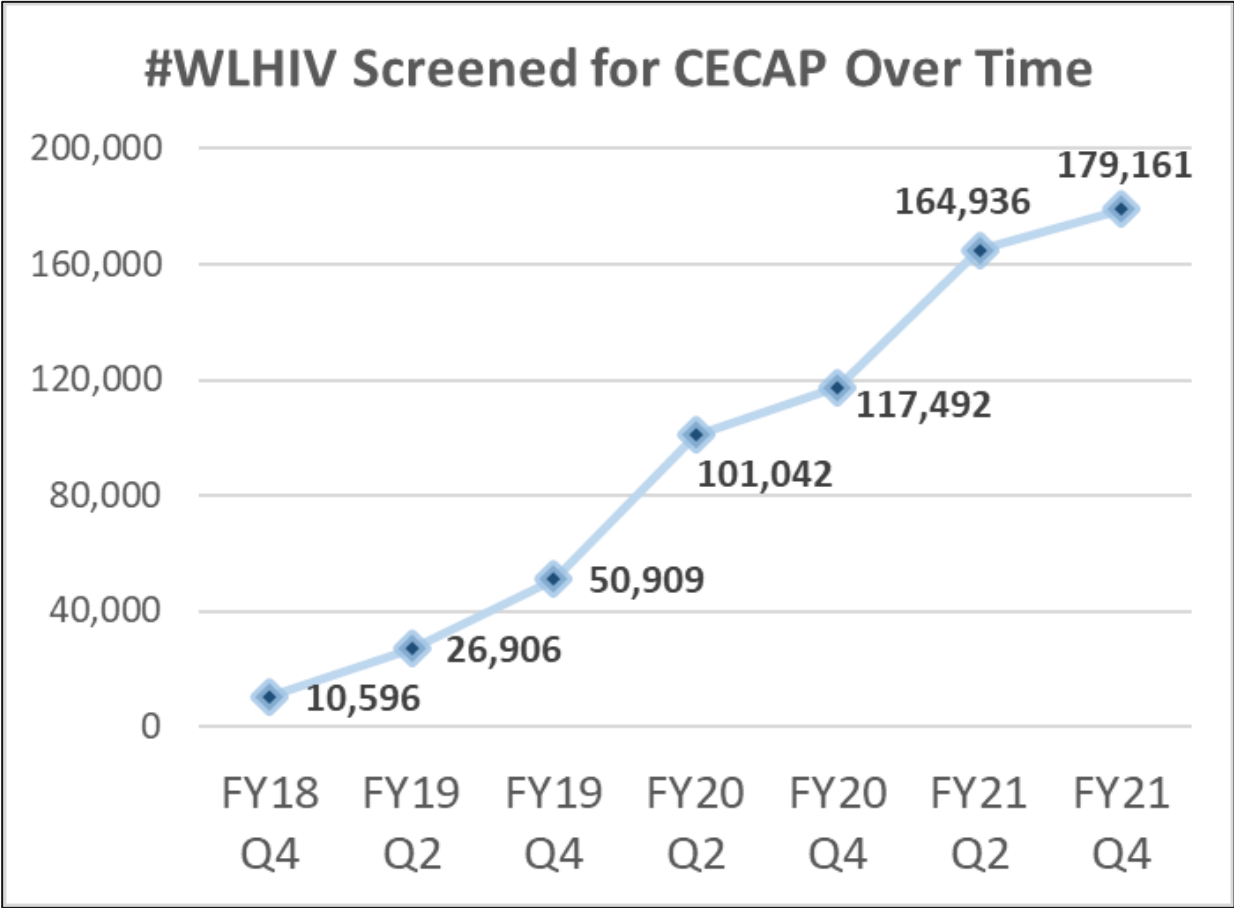
COP 22 PLANS

Consolidate and innovate

- HPV screening pilot expansion
- Thermal ablation expansion
- National CECAP QA/QI strategy



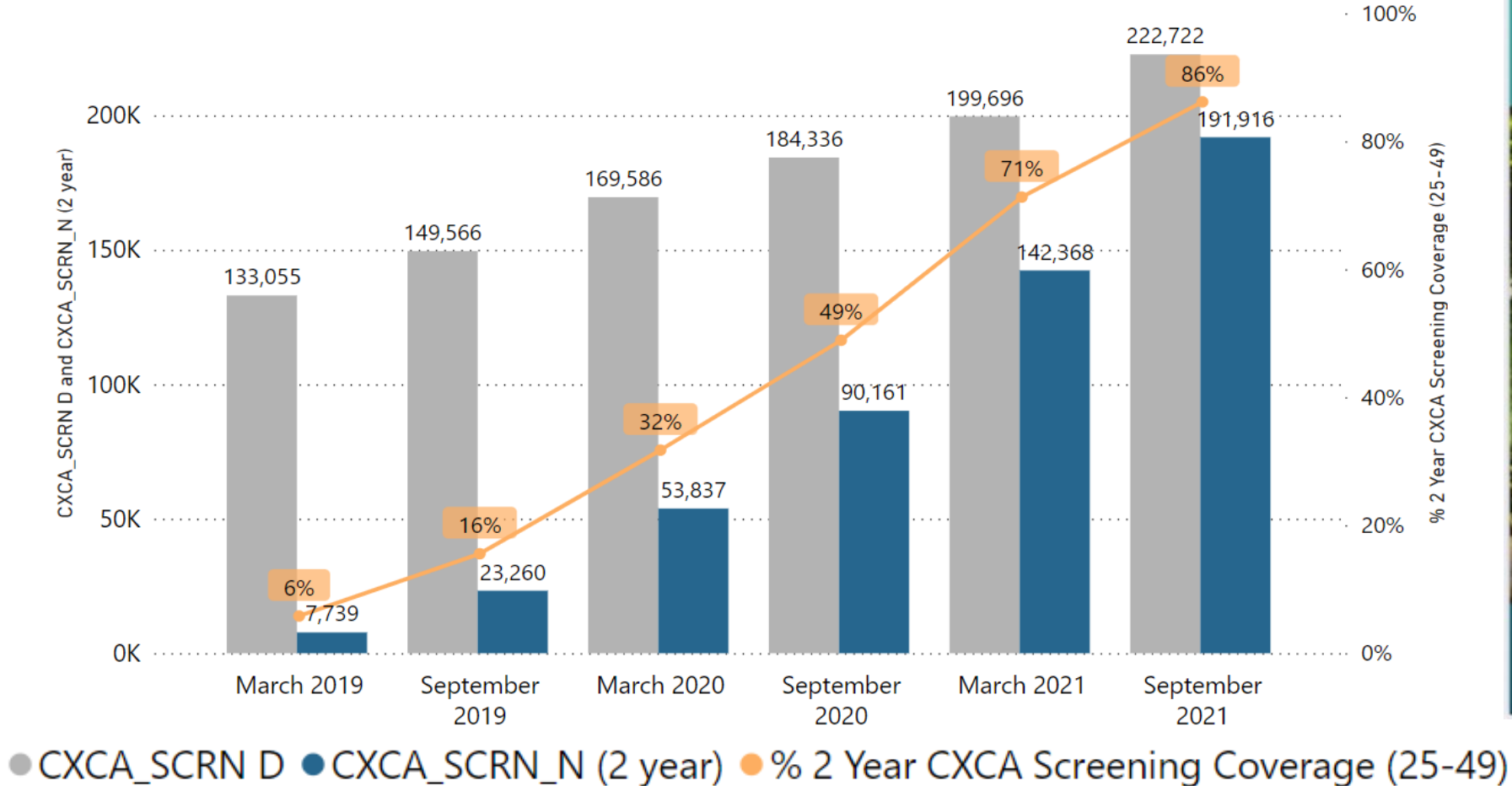
Robust Cervical Cancer Screening Growth in COP20



Remarkable growth in cervical cancer screening since 2018

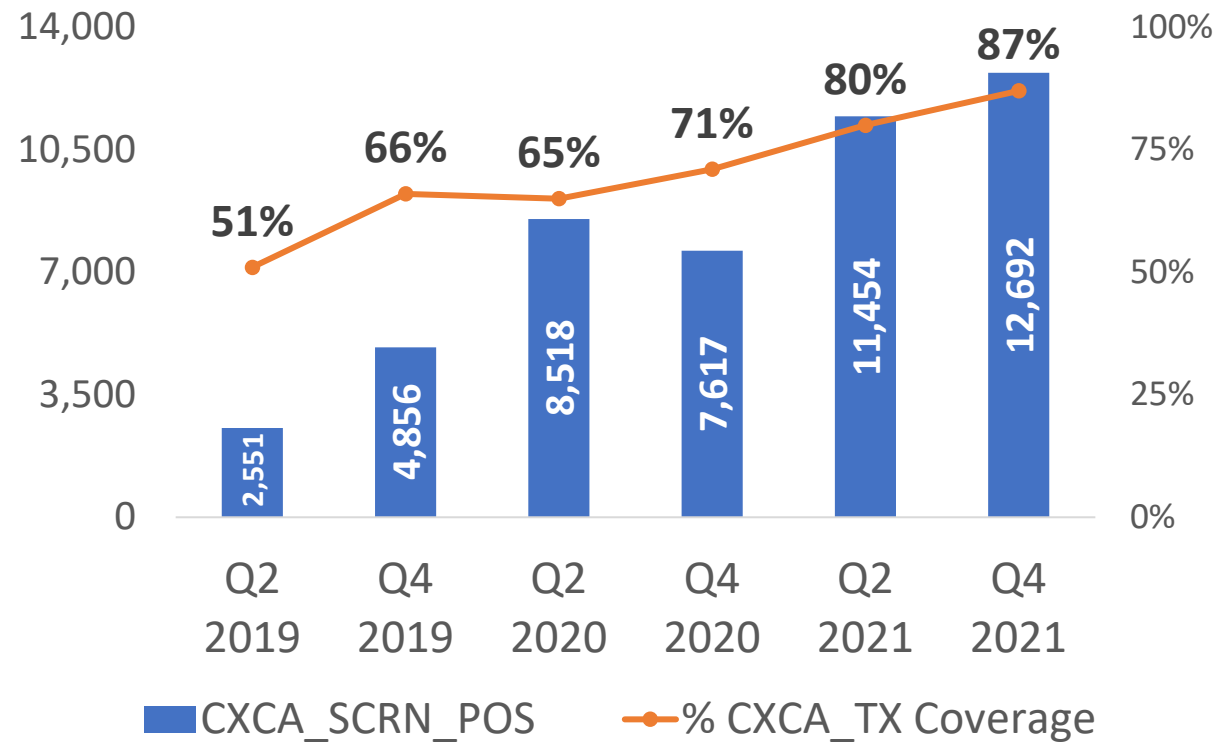
Impressive Screening Coverage Trajectory for Coverage for WLHIV 25-49

Trends in Cervical Cancer Screening Coverage Against TX_CURR Eligible Females 25-49, AJUDA sites, 2019 - 2022

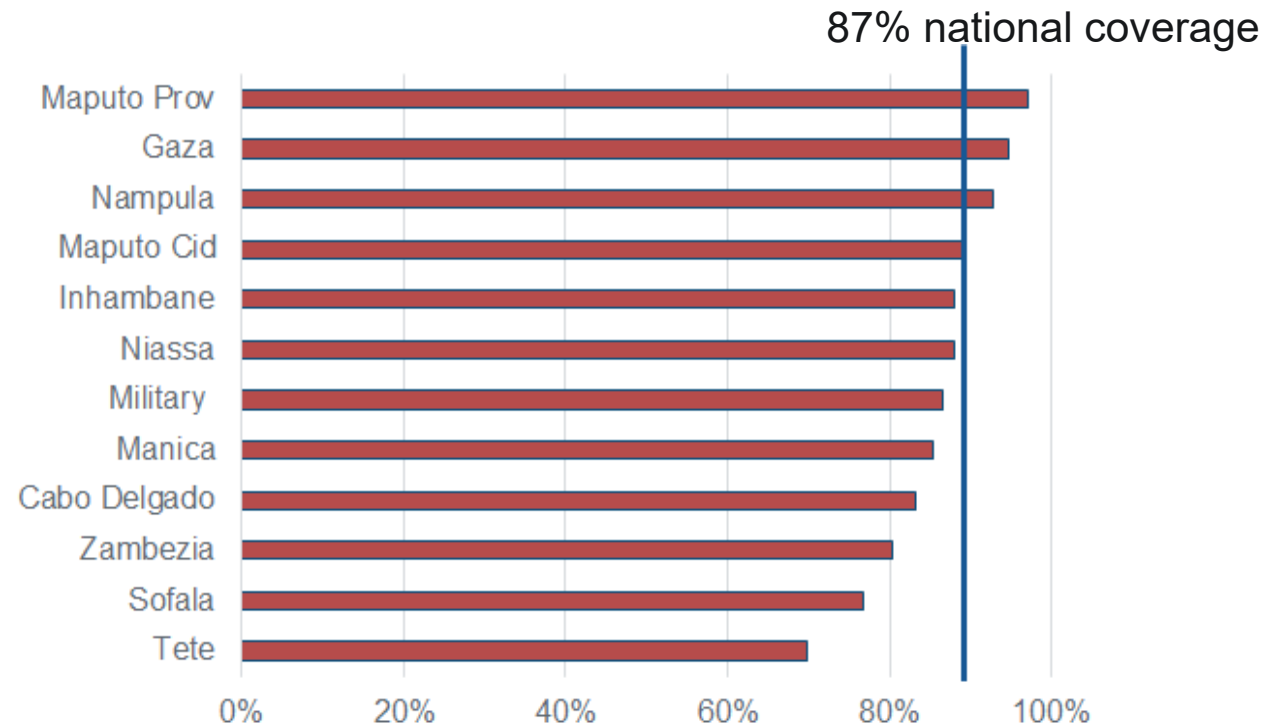


Continued Growth in CXCA Treatment; 87% as of Q4 FY2021

Cervical Cancer Treatment Trends, 2019 - 2021

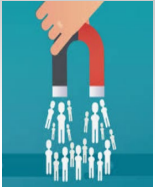


Cervical Cancer Treatment Coverage by Province, FY2021



- Steady increase in identification of precancerous lesions
- Consistent growth in CECAP treatment coverage
- LEEP uptake improving with 449 LEEP treatment cases in Q3/Q4 vs 237 in Q1/Q2

Advancing Strategies to Improve Access and Treatment Referral



Demand Creation

- Education sessions and referral at multiple HF entry points
- Clinicians and lay cadre trained in CECAP eligibility criteria



Patient Friendly Service

- Transport vouchers for patients who travel for Tx, if needed
- Supportive administrative staff at treatment referral sites for patient navigation
- Saturday clinics and mobile clinics to assist with access



Strengthen M&E

- Availability and correct use of referral tools
- Monthly data review; discussion and tracking of completion of referrals.

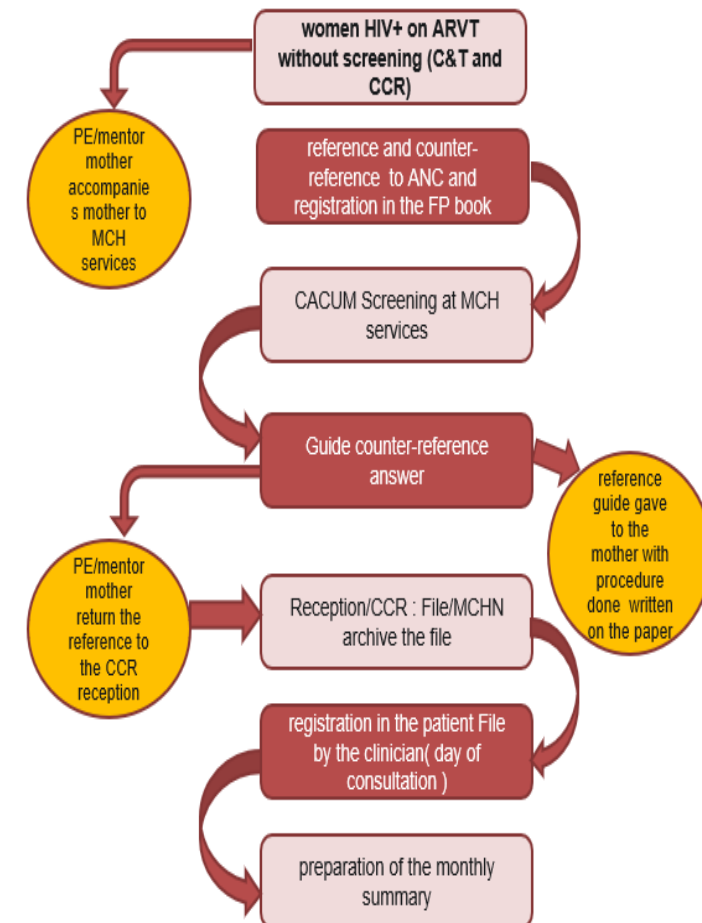


Pilot new Strategies to Improve CECAP Service Provision

- One-stop-shop pilot in selected high-volume facilities, offer of integrated HIV C&T and FP/CECAP services.

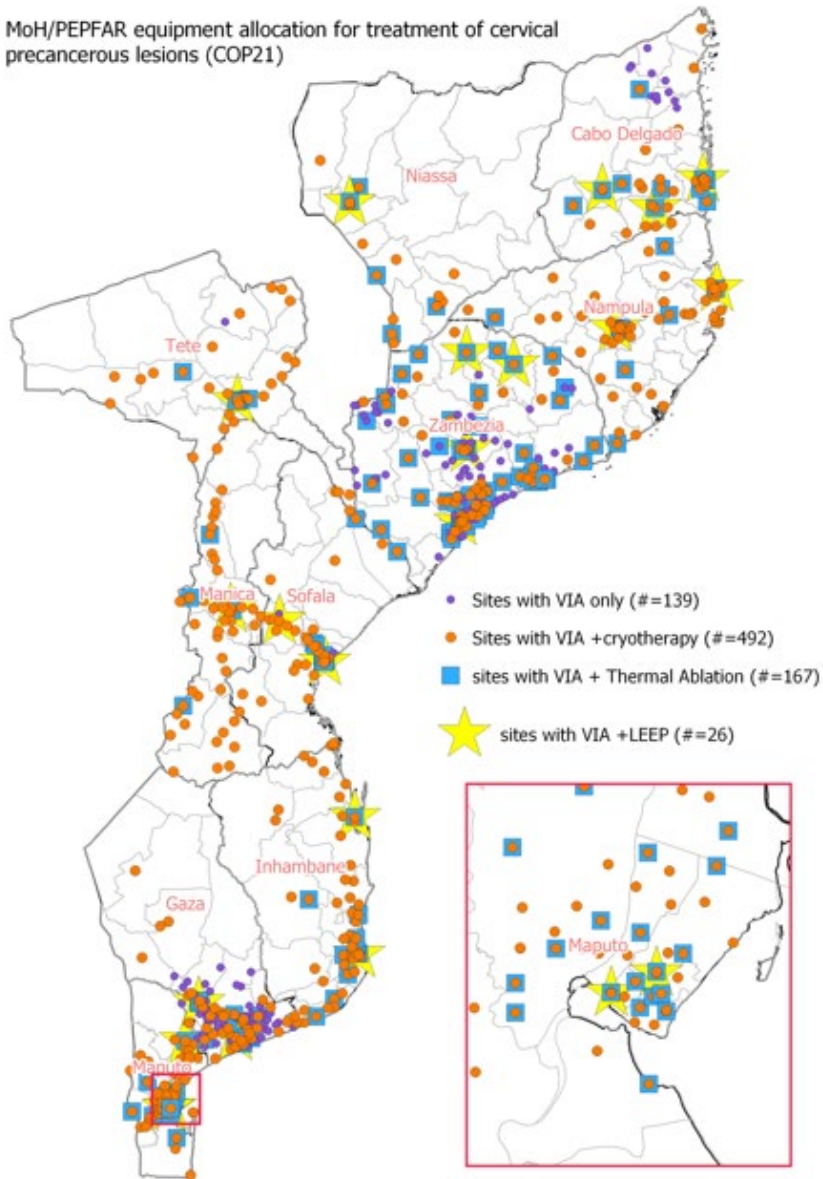
MoH CECAP Screening Flow for WLHIV

Cervical Cancer Screening flow for WLHIV



Closing Treatment Gaps for CECAP Lesions

MoH/PEPFAR equipment allocation for treatment of cervical precancerous lesions (COP21)



Treatment Access Expansion Plan

Thermal ablation Expansion Plan				
Province	COP20	COP21	COP22 planning	% AJUDA sites COP22 w/TA
Cabo Delgado	5	7	23	75%
Nampula	7	8	44	89%
Niassa	3	2	9	78%
Zambezia	10	58	75	99%
Tete	3	2	20	76%
Sofala	7	3	32	91%
Manica	4	3	24	61%
Inhambane	6	5	23	67%
Gaza	8	10	42	54%
Maputo Province	6	10	34	79%
Maputo City	6	8	17	100%
MoH	7	10	0	
Total	72	126	343	84%

COP22 will bring screen and treat access to 100% of AJUDA sites

Strategies to Drive Forward Progress

Challenges	Solutions
National guidelines do not include HPV screening	<ul style="list-style-type: none">• Update national algorithms based on WHO 2021 guidelines• Expand HPV screening pilot in Maputo City, while improving treatment coverage
HPV screening and TA/LEEP treatment not reported in government data streams	Finalize and roll-out MoH Hospital CECAP M&E tools
Thermal ablation (TA) device prices fluctuate for partners	Price negotiation of TA pricing/procurement through single partner (EGPAF Geneva)
VIA screening quality uneven, too many providers without enough mentored procedures	Supervision and intensified onsite and virtual mentoring
Maintenance of equipment secured on ad hoc basis	Strengthen country preventive and corrective maintenance capacity through local MoH staff capacity building at provincial level
Limited treatment access for patients with abnormal via in remote sites	Expand offer treatment via TA in mobile brigades, mobile clinics and with visiting teams

Establishing and Implementing QA/QI for CECAP

Development of QI strategy and definition of QA standards

Progress measured through follow-up assessments and M&E activities (QI cycles)

Master trainers intensive technical support to provinces and to CECAP focal points

Virtual mentorship to providers with MDA/master trainer support

Monitor adverse events

National QI strategy



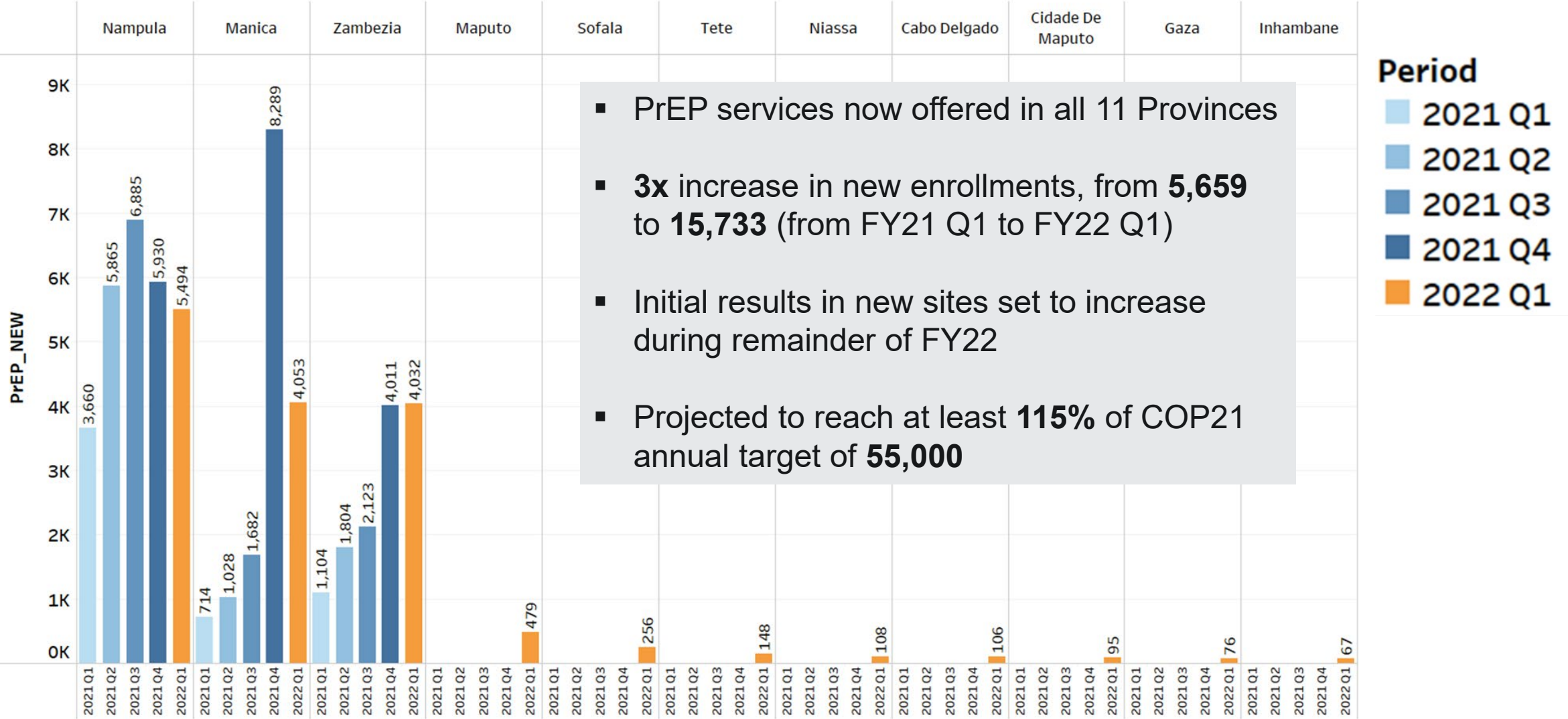
Pre-Exposure Prophylaxis

Presenters:
Paula Simbine, USAID

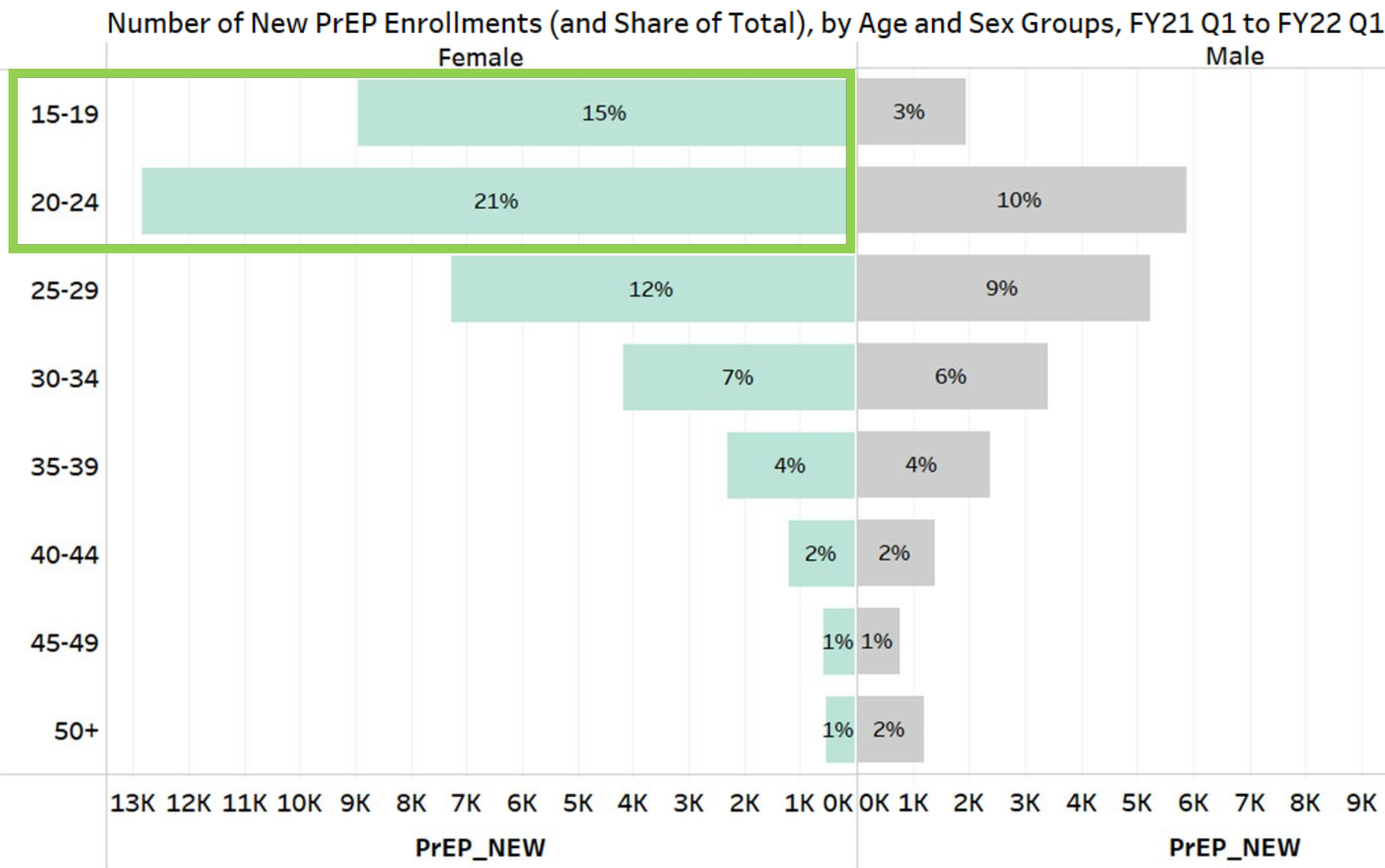
Backups:
Erika Bila – DoD

Successful PrEP Expansion from 3 to 11 Provinces; 88 to 175 Facilities

Number of New PrEP Enrollments, by Province, FY21 Q1 to FY22 Q1



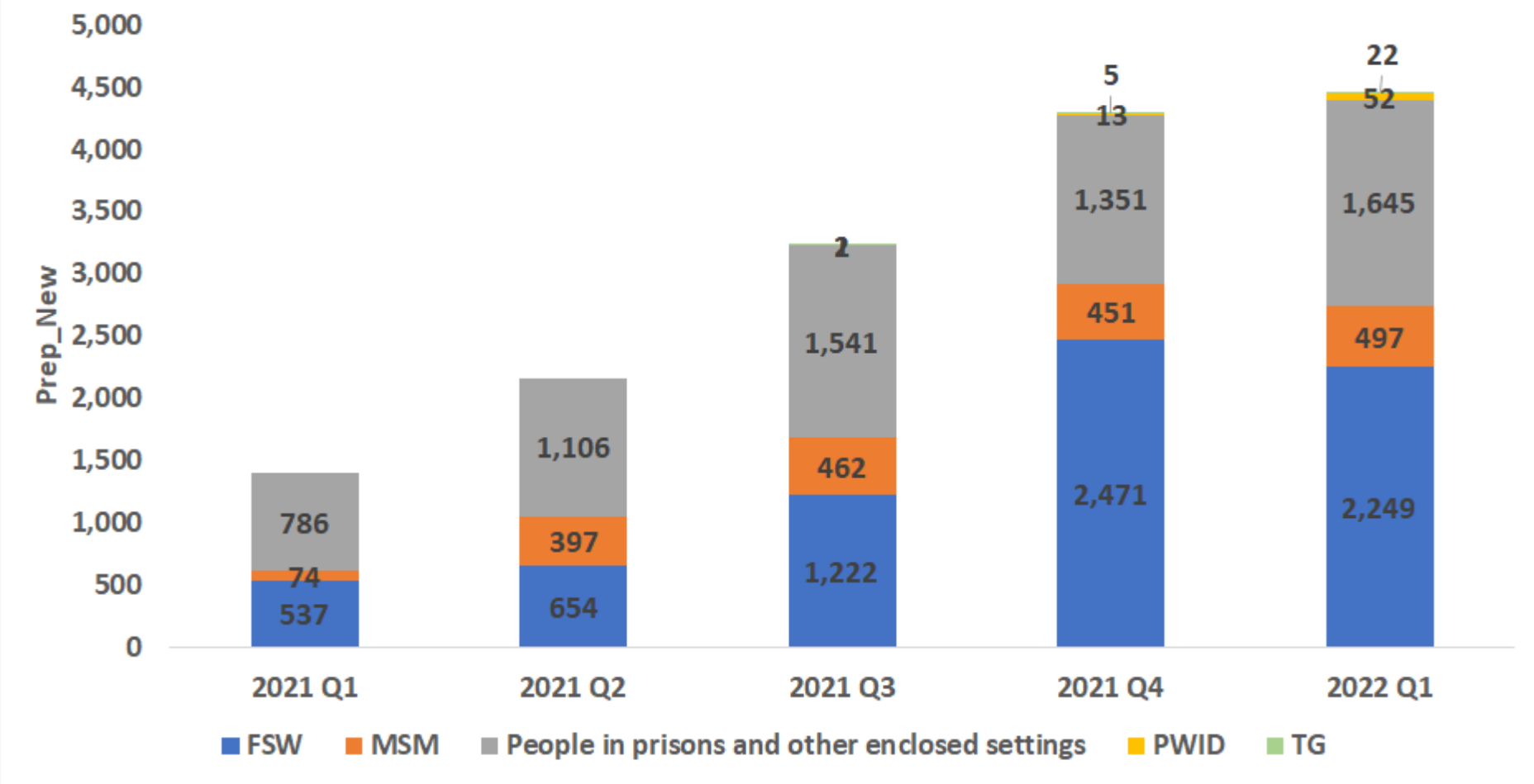
Prioritized Enrollment of AGYW, Sero-Discordant Couples, and KP



- **36%** of PrEP clients are AGYW aged 15–24
- PrEP services reported in **24/32** DREAMS districts; prioritized for full coverage this year
- Referrals from ICT, KP testing, and targeted male congregate testing will be used to expand PrEP service uptake among eligible HIV negatives young men

Steady Increases in PrEP Enrollment Among Key Populations

Total Number of Key Populations Newly Enrolled in PrEP, by Sub-Population, by Quarter, FY21 Q1 – FY22 Q1



- **28%** of new PrEP enrollments in FY22 Q1 among Key Populations
- Small but steady increases in PrEP enrollments among **hard-to-reach PWID** and **Transgender KP**

Coordinated and Standardized Approaches to Demand Creation



Increasing PrEP uptake requires:

- **Collaboration** between GRM, clinical, and community partners
- **Coordination** between PEPFAR community programs for strong referral & service linkage
- **Differentiated service delivery models** including mobile brigades, to target specific sub-population groups
- **Strengthened referrals within HFs** for screening & linkage of all eligible clients
- **Differentiated demand creation and PrEP literacy approaches**, tailored to the needs of specific target audiences
 - ✓ Local radio, TV, & social media
 - ✓ Locally relevant IEC and peer-led IPC

Strengthening PrEP Community Outreach Interventions



PrEP outreach model – delivery of PrEP services through mobile clinics in Nampula Province

Community-based PrEP:

- Outreach models
- Mobile clinics
- KP community-based IPs generate demand

Prisons:

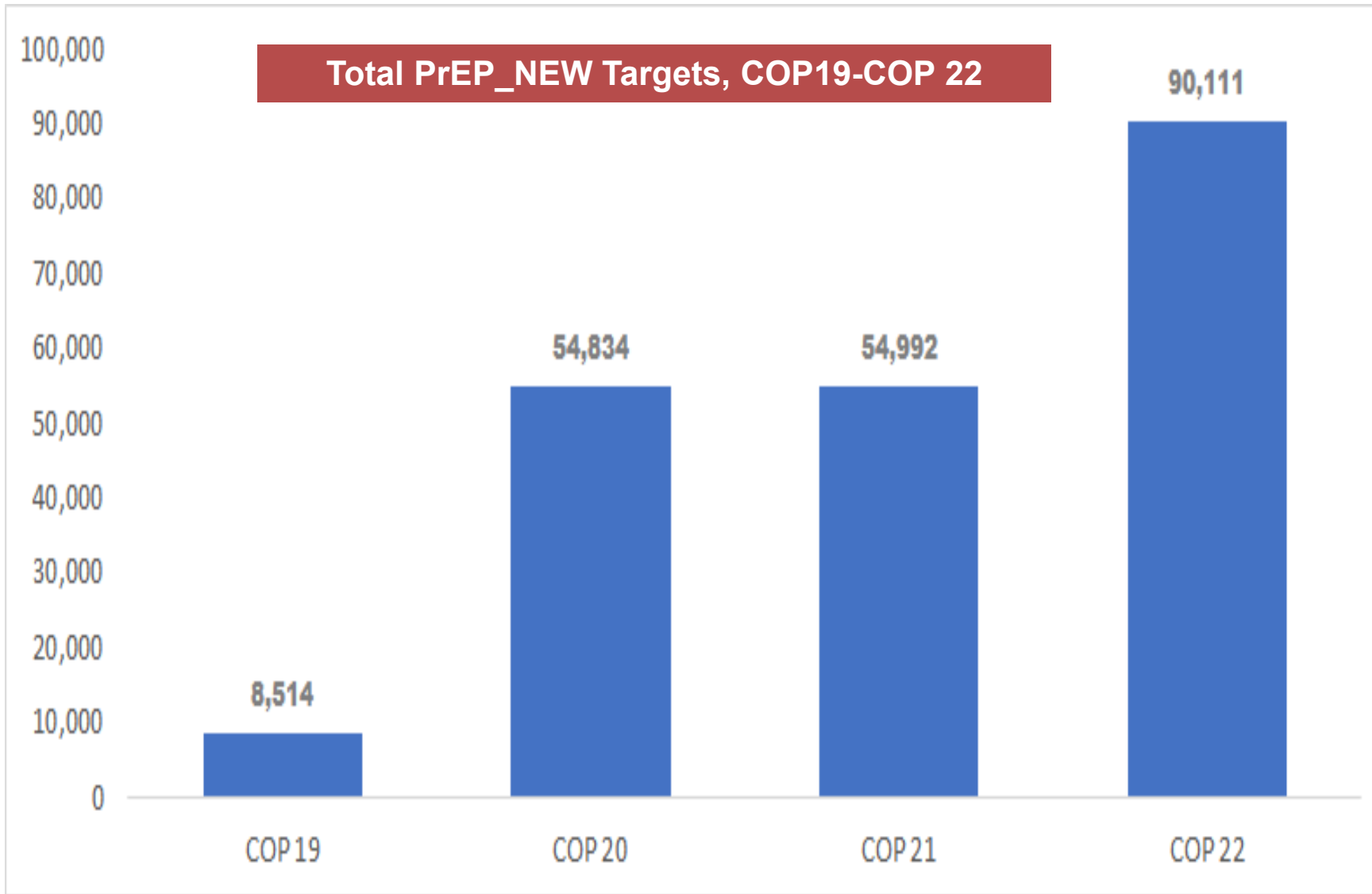
Continue working closely with national prisons authorities (SERNAP) to a vail services.



PEPFAR
U.S. President's Emergency Plan for AIDS Relief

19 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

Significant Increases in PrEP Targets Aligned with National Expansion Plans



- **64%** increase in PrEP targets proposed, from COP21-22
- PrEP Targets set for all eligible populations in expansion districts
- Epidemiologically aligned to KP & index negative testing, and AGYW incidence:
 - **29% KP**
 - **42% Sero-discordant**
 - **28% AGYW**
- PrEP_CT targets aligned to PrEP-IT continuation curves
- Expansion districts aligned with National PrEP Roll-Out Plan

Looking Ahead: National PrEP Scale Up in Mozambique

2022 Q1: Initial PrEP National Roll-Out

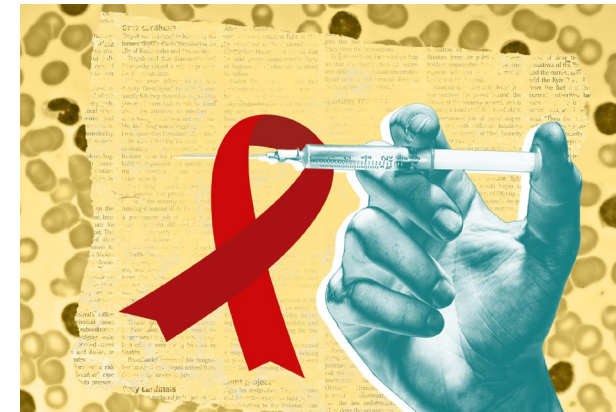
- Provincial and HF-Level Staff Training & Logistics
- Updated National-Level Commodities Planning
- Dissemination of National M&E Tools

2022 Q2: Scale-Up to Additional Districts

- Additional HF-Level Staff Training & Logistics
- Ensure HF-Level Commodity Distribution
- Scale-Up of Demand Creation in Additional Communities

2022 Q3: Further Expansion Within Districts

- Expand PrEP Services to all HF within districts
- Strengthen National Supply Chain to HF-Level
- Integrate Demand Creation into Routine Services at all HF





Obrigado!